2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State
01-29-2008 90018 039 ****61.25

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1. Entity Name
VILLAS ON THE GREEN I HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 US	1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 US

01042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0566836 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KATZMAN & KORR, P.A.
1501 NW 49 ST
STE 202
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARTIN, JOHN W 1365 HOLIDAY SPRINGS BLVD. B-4#22 MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Martin, John W 1145 Sawgrass Corporate Pkwy Sunrise, Fl. 33323
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HOWELL, DAVID 3155 HOLIDAY SPRINGS BLVD. B-2#26 MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Howell, David 1145 Sawgrass Corporate Pkwy Sunrise, FL 33323
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIVON, ANTHONY 3161 HOLIDAY SPRINGS BLVD. #17 MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sivon, Anthony 1145 Sawgrass Corporate Pkwy Sunrise, FL 33323
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHANNON, JULIE 3185 HOLIDAY SPRING BLVDS., B-9#53 MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Shannon, Julie 1145 Sawgrass Corporate Pkwy Sunrise, FL 33323
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHRADEL, ANITA 3191 HOLIDAY SPRINGS BLVD., B-9 #49 MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Schradel, Anita 1145 Sawgrass Corporate Pkwy Sunrise, FL 33323
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHASE, DONALD 2155 HOLIDAY SPRINGS BLVD., B-2 #26 POMPANO BEACH, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Chase, Don 1145 Sawgrass Corporate Pkwy Sunrise, FL 33323

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John W Martin 1/21/08 954.846.7545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR